

## Waiver and Release Form

In consideration of being coached in a fitness and wellness program by Optimize Wellness Solutions, I do hereby waive, release, and forever discharge Optimize Wellness Solutions, and all employees and associates of Optimize Wellness Solutions, including but not limited to Rochelle Pickering, of all responsibility or liability from injuries or damage resulting from my participation in any activities or program. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Optimize Wellness Solutions.

I understand and am aware that the program given to me by Optimize Wellness Solutions, including the use of equipment, instruction, training, supervision, or dietary recommendations, involves a risk of injury, and that I am voluntarily participating in the program and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or illness.

I do hereby further declare myself to be physically sound and suffering from no medical condition, impairment, disease, infirmity, or illness that would prevent my participation in any physical exercise program. Nor am I prevented, for any reason, from the use of exercise equipment or machinery except as may be noted hereinafter.

I do hereby acknowledge that I have completed the Get Active Questionnaire to the best of my knowledge and declare I am ready to participate in an Optimize Wellness Solutions program.

Date:
Name:
Signature: